BRIGHAM CITY RECREATION REGISTRATION FORM FOR

T-BALL

(Preschool, Kindergarten &1st grade boys and girls)

| Participant's Name: | | _ |
|---|--|--|
| Address: | | |
| Address: (must be 4 by April | 1 st) School Name: | |
| Grade Birth Date: | Boy | Girl |
| Home Phone: | Parent's Cell Phone: | |
| Email address: | | |
| ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ | t provide any insurance for p | participants. It is |
| Consent for Medical Treatment hospital care that may be rendered by a phy are necessary to preserve the life, limb, or v | well being of my dependant. | given under whatever conditions |
| EEEC. | | |
| | ke Checks Payable to BCC*** | ** |
| \$15.00 T-Ball Early Registration\$20.00 after April 30th | 1 | |
| □ \$15.00 Uniform Fee | | |
| | | |
| *Players will be place | ed on teams on a first come fi | irst serve basis* |
| ****** | * * * * * * * * * * * * * * * * | * * * * * * * * * * |
| I authorize my child to participar risks, particularly if my child fails to follow his or her abilities. I will specifically lo Knowing these risks, I believe that the bewith this activity. Individually, and on be agents and employees from all claims arichild's participation. I further understand activity beyond his or her abilities. | ook for and instruct my children or nefits of my child's participation in ehalf of my child, I agree to release sing from known, reasonable and/or that it is my responsibility to keep child's picture or likeness to app film coverage of the Recreation Dep | ntains certain dangers and inherent ions or engages in activities beyond in these dangers and warning signs. TBall outweigh any risk associated the Brigham City Corporation and its inherent risks associated with my my child from participating in any pear in any official documentary, |
| | Date: | |
| Signature of Parent or Guardian | | |
| ***** | • • • • • • • • • • • • • | * * * * * * * * * |
| I would be interested in: | | |
| □ Coaching □ Assistant Coaching | Name: | |
| ☐ Assistant Coaching | Phone: | |
| REFUNDS: | OHECT FOR REFUND IS MADE REFORE | THE PROCE AM RECING |

\$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS 75% REFUND IF REQUEST FOR REFUND IS MADE AFTER $1^{\rm ST}$ WEEK OF PROGRAM 50% REFUND IF REQUEST FOR REFUND IS MADE AFTER $2^{\rm ND}$ WEEK OF PROGRAM 0% REFUND IF REQUEST FOR REFUND IS MADE AFTER $3^{\rm RD}$ WEEK OF PROGRAM